

ANTHRAX AND SMALLPOX VACCINATION PROGRAM UPDATE QUESTIONS AND ANSWERS

Policy and Management

1. Under this policy update, who will receive the anthrax and smallpox vaccinations?

Military personnel assigned in or deployed to selected units in the U.S. Pacific Command and additional personnel assigned to the U.S. Central Command for 15 or more consecutive days will receive both vaccinations. Additionally, we will pursue vaccination, subject to appropriate personnel and contract procedures, for DoD emergency-essential civilian employees assigned to these areas and those DoD contractor personnel in these areas who carry out mission-essential services for DoD.

2. Why are we vaccinating service members?

We are concerned that terrorists or governments hostile to the United States may have, or could obtain bacteria or viruses that could be used as biological weapons. Vaccination will protect our personnel from the diseases caused by these agents.

3. Will the same people receive both vaccinations?

Generally speaking, yes. Additional forces will be vaccinated against smallpox given that smallpox, unlike anthrax, is contagious. And, in the future, the Secretary of Defense may decide to expand the scope of both the anthrax and smallpox vaccination programs.

4. Do you intend to vaccinate the Total Force over the long term?

The Department is focused on what we should do now to protect our personnel at higher risk whose performance is essential for certain mission critical capabilities. We may further update our immunization policies at a future date.

5. Will vaccinations under your updated program be mandatory?

Yes. It is important that all personnel whose duties are essential to mission critical capabilities are vaccinated—for their personal protection and for success of the military mission. So vaccinations will be mandatory, except as provided under applicable medical and administrative exemption policies, similar to those we've always had in place.

6. Will service members still be deployable if they have not received their vaccinations?

Yes, if they are in one of the groups that should not receive the vaccine for a medical or administrative reason they will still be deployable. With smallpox, in the event of an actual smallpox attack their vaccination status will be reevaluated.

7. Why can't you allow personnel to choose voluntarily to be vaccinated?

We provide many different vaccines and medical procedures on a mandatory basis, when it is known that the vaccine or medical measure is safe and effective, and exposure or possible exposure to an agent poses a real risk to individuals and teams. Also, we fight and win as teams—if one or several team members in areas of higher risk are not vaccinated and fall victim to disease, they could jeopardize the lives of other team members and mission success.

8. Why did you decide to vaccinate only those who will be assigned or deployed for 15 days or more? In those higher threat areas it would seem that everyone there would be at risk.

The choice of a 15-day period in higher threat areas took considerable evaluation by our senior leadership. Factors contributing to this decision included the risk to individuals, the numbers of individuals to be in these higher threat areas for more than and less than 15 days, the missions of these individuals, and the fact that it takes six shots at specific intervals over 18 months to assure protection against anthrax.

9. Can personnel deployed 15 days or less volunteer to be vaccinated?

If those individuals have concerns, they should speak with their commanders. We recognize that some of our personnel may be on rotation schedules with duty taking them into higher threat areas multiple times in a given year, bringing cumulative time deployed to more than 15 days in a given year. There are allowances in our policies, by exception, for commanders with personnel with these types of situations.

10. What do you mean by "Higher threat areas?"

It represents the Department's focus on those personnel whose duties bring them into higher risk of anthrax or smallpox infection, by deployment location and/or occupation, and to preserve mission critical capabilities in those areas.

11. What countries are included in the "higher threat areas?"

We are not going to comment specifically on that question, but included are areas in the U. S. Central and Pacific Commands.

12. What determines an area of the world or a country to be designated “higher threat?”

Many factors go into such determinations, including intelligence information, known capabilities, and other variables.

13. Will only service members be vaccinated?

In addition to those service members who are assigned to or deployed for more than 15 days in a designated higher threat area whose performance is essential for certain mission critical capabilities, we will vaccinate those emergency-essential DoD civilians and contractors who also are at higher risk whose performance is essential for certain mission critical capabilities.

14. When will vaccinations under this policy update start?

Vaccinations will begin promptly, as soon as the Services publish implementing instructions and units schedule the vaccinations.

15. Is DoD planning to use all of the anthrax vaccine produced by BioPort?

No. DoD’s original policy as well as this updated policy takes into account other national security considerations beyond the needs for military personnel. A certain amount of the produced vaccine will be reserved for contingency use by other federal agencies. The Department of Homeland Security heads the planning effort among federal agencies for contingency use of the vaccine.

16. Why did you decide to vaccinate these additional groups of people now? Is there a new or greater threat?

The threats to our forces continue and we know that the vaccines will protect our personnel from the diseases caused by these agents.

17. How many service members have been vaccinated for anthrax and for smallpox?

Since the beginning of the Anthrax Vaccine Immunization Program in March 1998, Department of Defense vaccinated over 1.1 million people with more than 4.4 million doses of anthrax vaccine. Since initiating the smallpox vaccination program, we have vaccinated over 625,000 personnel.

18. Does DoD plan to offer the vaccines to dependents or family members living in the selected areas of the U.S. Central and Pacific Commands?

Yes, vaccinations will be offered to adult family members, other DoD civilian employees and their families and non-essential contractor personnel located in these areas on a voluntary basis.

19. Are you prepared to offer anthrax vaccine to US allies and coalition partners?

We are discussing with key allies, coalition partners and friends our intent to update our vaccination programs. During the course of our discussions, we can envision this issue being addressed. We would give serious consideration to any request for vaccine, keeping in mind our own requirements, projected available supply and threat conditions at the time.

20. Are we planning to assist any other country in obtaining supplies of smallpox vaccine?

The United States recognizes that a smallpox attack in any nation is a potential threat to all nations. The United States, therefore, will work with like-minded nations and the World Health Organization (WHO) to facilitate and coordinate nations' access to existing global smallpox vaccine supplies and to increase the global supply through new production.

Threat

1. What is the threat of anthrax used against our military?

Anthrax is an attractive weapon of mass destruction for our enemies. It is highly lethal, relatively easy to produce in large quantities and to develop as a weapon, easily spread in the air over a large area and it can be stored and remain dangerous for a long time. For this reason, anthrax may be the most important biological warfare threat facing U.S. forces. The Intelligence Community believes several countries currently have or are developing an offensive biological warfare capability using anthrax. Given the ease with which anthrax can be produced, U.S. forces may have little or no warning before an anthrax attack, which could be delivered by unconventional means.

On February 24, 2004, CIA Director George Tenet told the Senate Select Intelligence Committee: "Although gaps in our understanding remain, we see al-Qa'ida's program to produce anthrax as one of the most immediate terrorist CBRN (chemical, biological, radiological, nuclear) threats we are likely to face."

2. What is the current threat assessment for smallpox? Who are likely countries to obtain and use the smallpox virus?

Terrorists or governments hostile to the United States may have, or could obtain, some of the variola virus that causes smallpox disease. If so, these adversaries

could use it as a biological weapon. This potential, along with an appreciation for the potentially devastating consequences of a smallpox attack, suggests that we should take prudent steps to prepare our critical forces should an attack occur. People exposed to variola virus, or those at risk of being exposed, can be protected by vaccinia (smallpox) vaccine. The United States is taking precautions to deal with this possibility.

3. How does the threat of a smallpox attack on US forces compare with that of an anthrax attack?

They are both known threats. Many factors go into such determinations including intelligence information, known capabilities and other variables. While we cannot quantify the threat of either one being used as a bioweapon, we know the consequences of their use could be great. Vaccination is a wise, logical step to ensure preparedness for the U.S.